Washington State Medicaid EHR Incentive Program (eMIPP)

Eligible Professional (EP) Training Guide for AIU

July 15, 2013

Steps for Eligible Professionals Applying for AIU

Providers must attest to the Adoption, Implementation of, or Upgrading to certified EHR technology within the eMIPP application to qualify for the EHR Incentive Payment.

- Adoption: Acquiring, purchasing, or securing access to certified EHR technology
- Implementation: Installing or commencing utilization of certified EHR technology capable of meeting meaningful use requirements
- Upgrade:
- Expanding the available functionality of certified EHR technology capable of meeting meaningful use requirements at the practice site, including staffing, maintenance, and training, or
- Upgrading from existing EHR technology to certified EHR technology per the EHR certification criteria published by the ONC

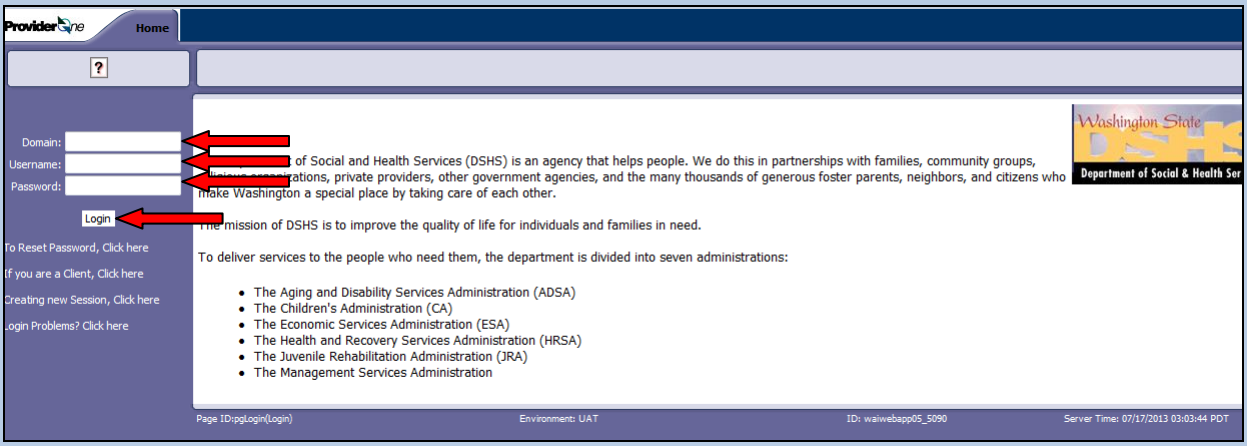
After successfully completing your CMS Registration, you will need to apply for the EHR incentive payment with Washington State.

To do this, you will need your individual provider's **CMS Registration Number**, **Domain**, **Username**, and **Password** for ProviderOne. Please refer to the welcome letter you received from the EHR Incentive Program for detailed instructions.

Log into ProviderOne using the logon information you received for the provider with the **Domain**, **Username**, and **Password.**

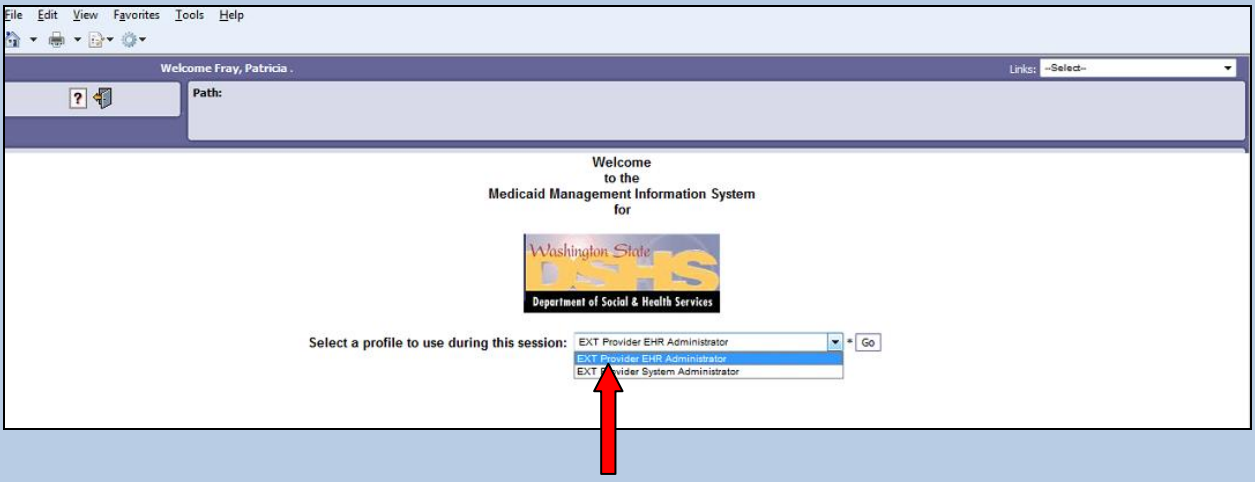
Link for ProviderOne: https://www.waproviderone.org

Login to ProviderOne



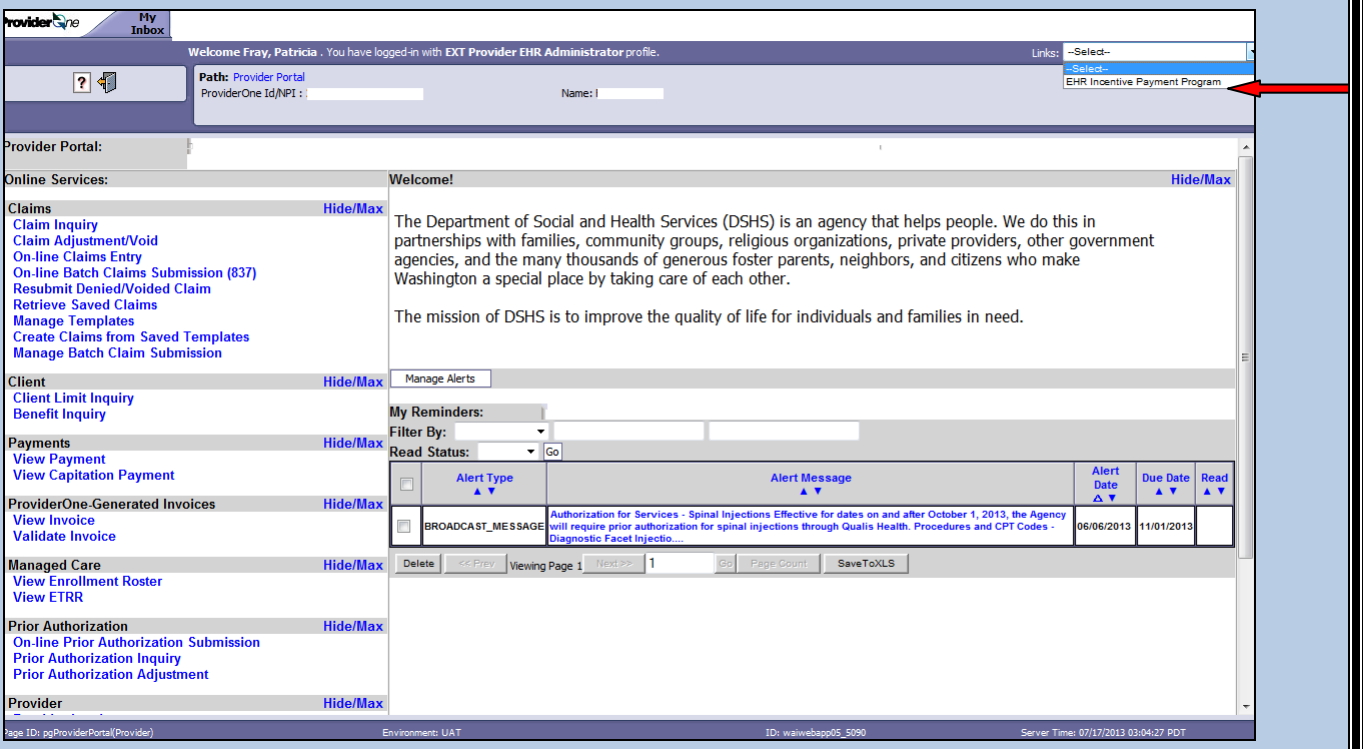
- Enter the **Domain**
- **Username**, and
- **Password**
- Click **Login**

Selecting a profile:



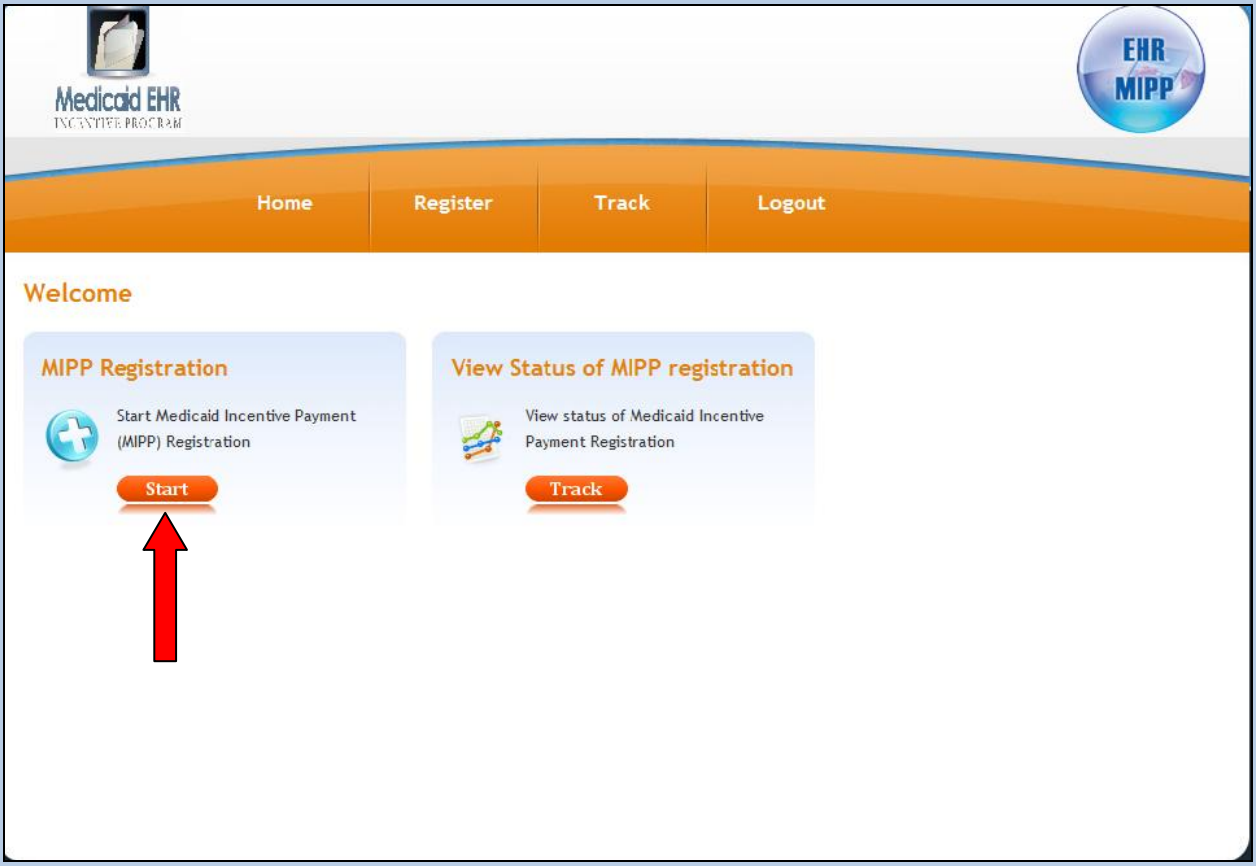
- Select **EXT Provider EHR Administrator**
- Click **Go**

Access the EHR Incentive Program:



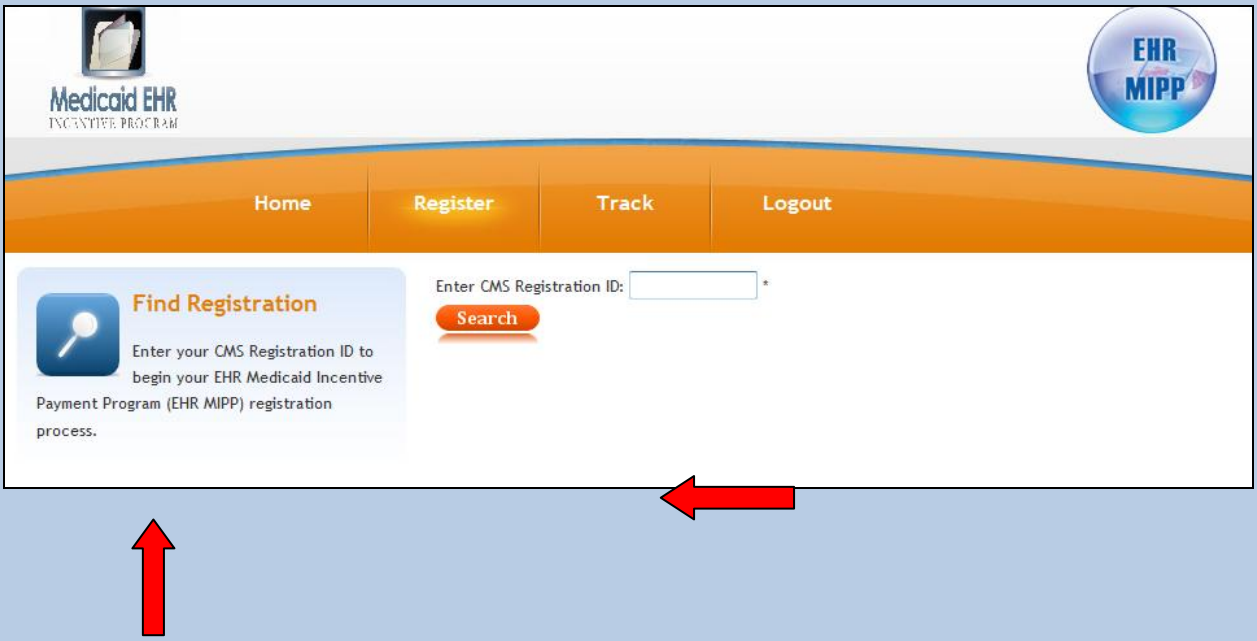
- Click on the **Links drop-down** list in the top right corner
- Select **EHR Incentive Program**

Begin Application:



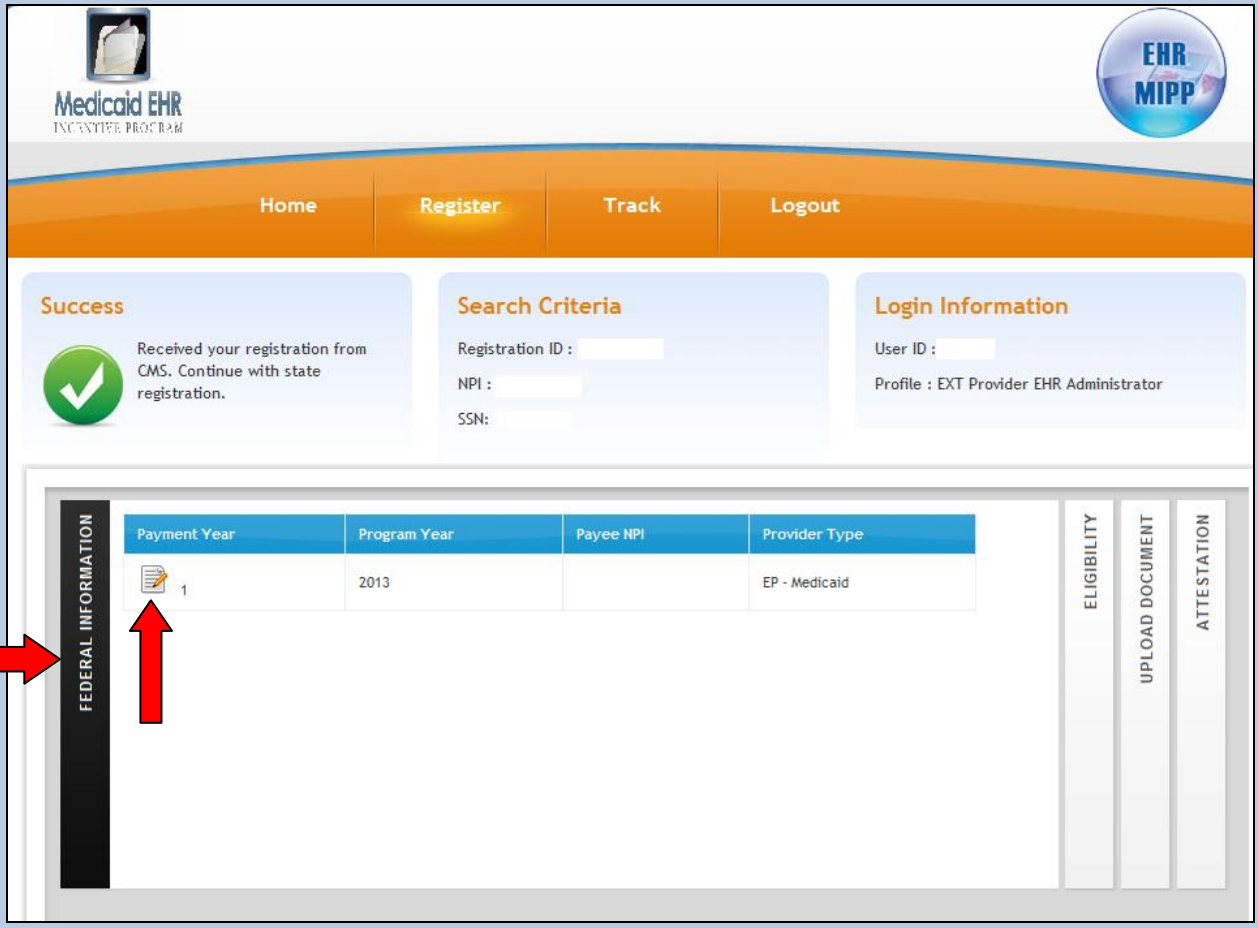
At the EHR MIPP (**eMIPP**) welcome screen, click on Start

Enter your Registration ID:



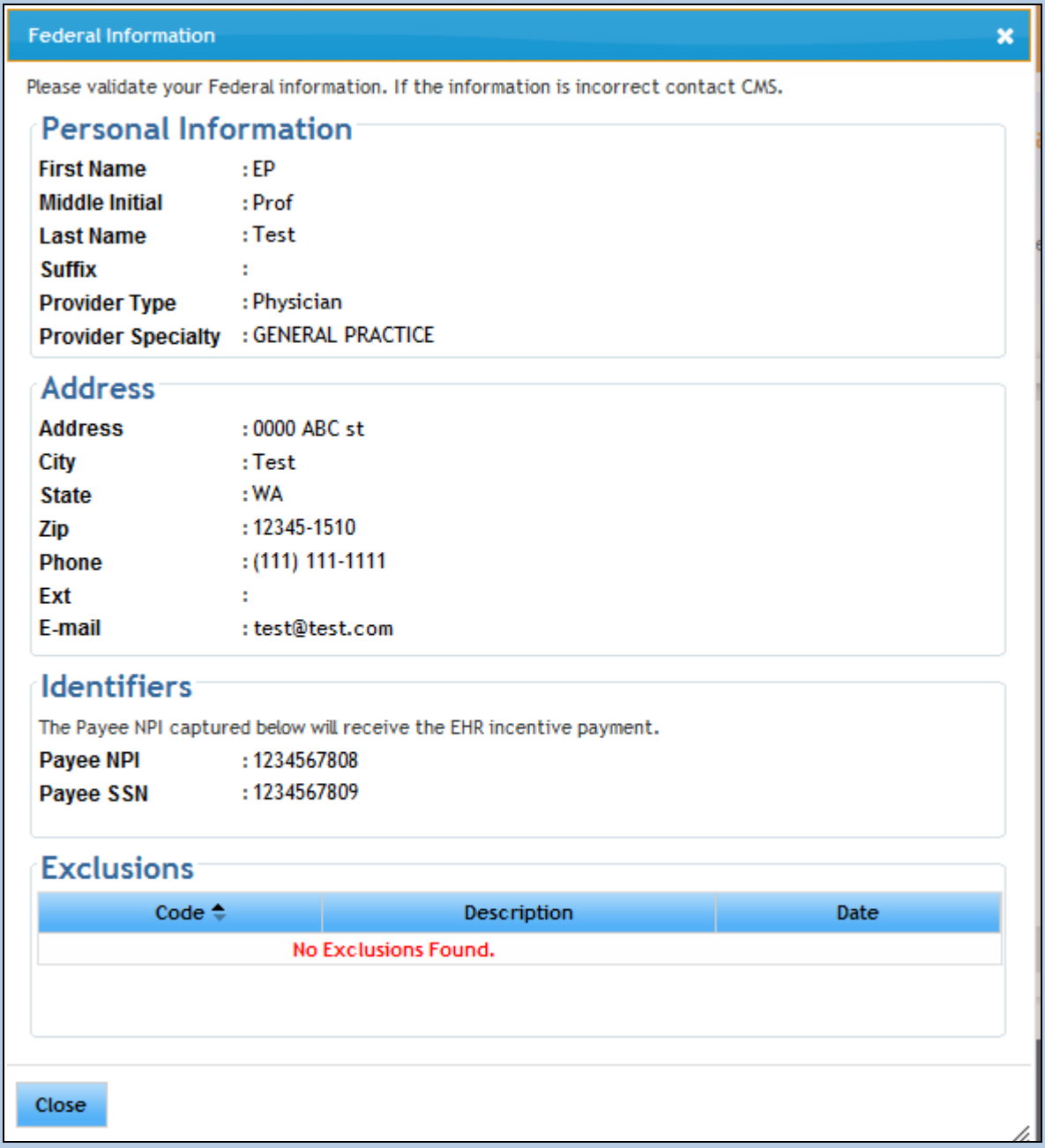
- Enter the CMS Registration ID (aka NLR Number)
- Click

FEDERAL INFORMATION TAB:



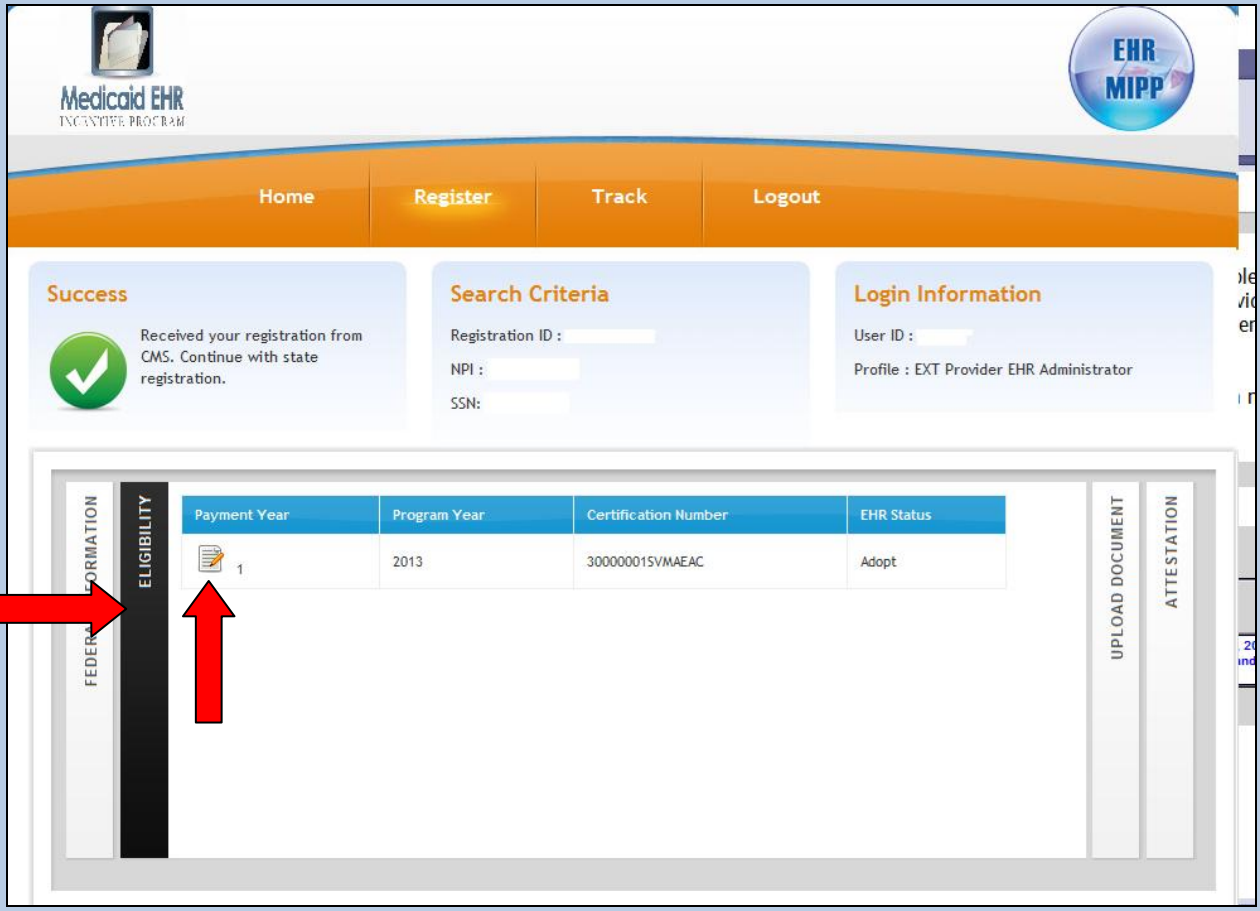
- Select the Federal Information Tab
- Click on current "Payment Year" Icon

Review the **Federal Information** that CMS populated from your Registration



NOTE: To update CMS registration information, you must return to the CMS registration.

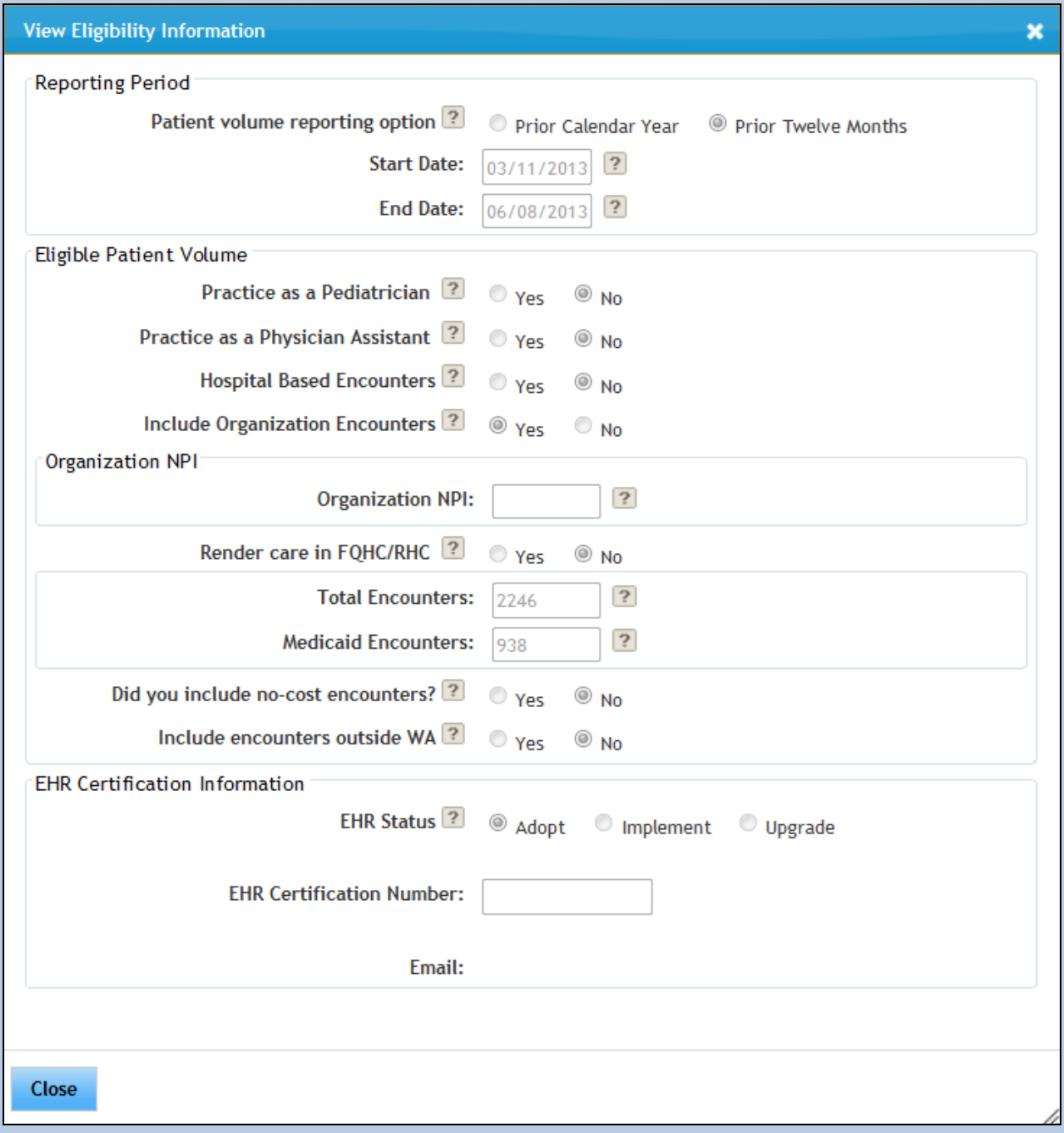
ELIGIBILITY TAB:



- Click on the Eligibility Tab
- Click on the icon for Payment Year 1

Fill out Eligibility Form:

***Data entered below is for demonstration only



Note: The EHR Certification Number will be auto populated with the information entered at CMS.

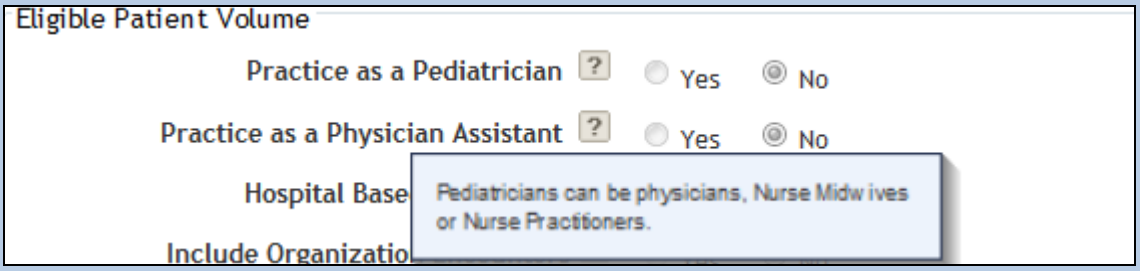
1) **REPORTING PERIOD:**

- Patient Volume reporting option? Prior Calendar Year or Prior 12-Months
- Start Date: Enter the beginning date of your 90-day date span
- End Date: Will auto-populate once you hit Enter or Tab

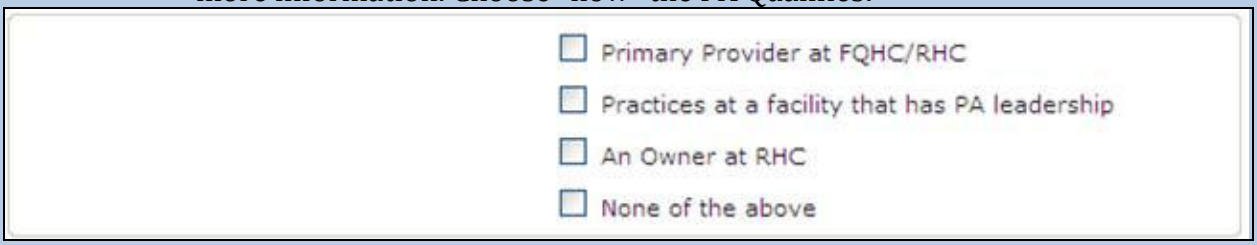
2) **ELIGIBLE PATIENT VOLUME:**

Answer each question by choosing the Yes or No radio button. In some cases an extra box will require more information.

NOTE: Hovering over the ? will show a box with more detailed information:



- **Practice as a Pediatrician? YES** or **NO**
- **Practice as a Physician Assistant?** If yes, the form will expand and ask for more information. Choose "how" the PA Qualifies:



- **Hospital Based Provider**? If yes, the form will expand and ask for more information.

NOTE: Hospital Based Providers are eligible for the EHR Incentive if at least 10% of their services are NOT in a hospital setting.

3) ORGANIZATION NPI:

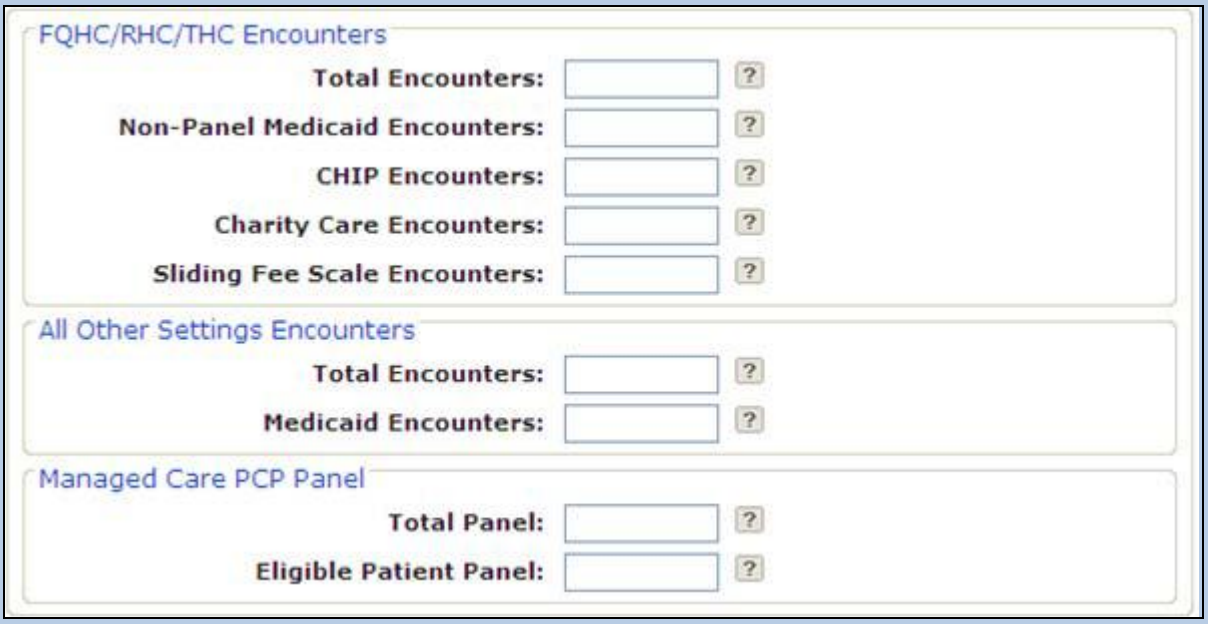
- **Include Organization Encounters?** No= applying with individual encounters. Yes= applying with the Group Proxy method, form will expand and ask for more information.

- **Render Care in FQHC /RHC?** If yes, the form will expand and ask for more information.

NOTE: If you are applying as a FQHC/RHC and you qualify by using the Medicaid Encounters only, it is "optional" to fill out the other encounter criteria (CHIP, CHARITY CARE OR SLIDING FEE SCALE).

- **Include MCO (Managed Care Organization) Panel?** If you did **NOT** select Yes for FQHC/RHC, the form will expand and ask for MCO information.

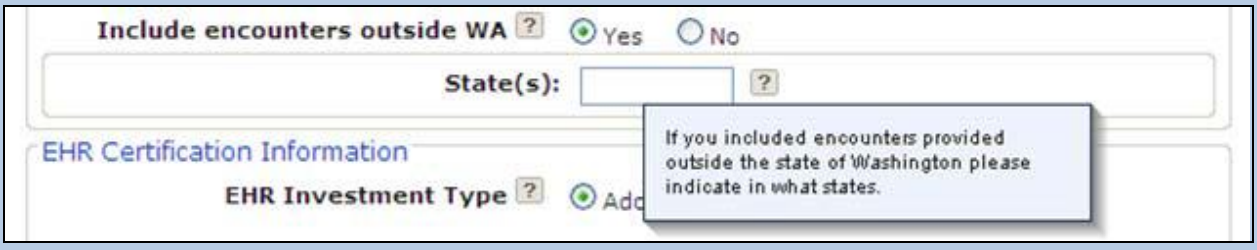
If you selected **Yes** for FQHC/RHC and you select **Yes** for MCO panel, the form will expand and ask for more comprehensive information.



NOTE: Depending on your previous selections, you may have already provided all required encounter information. If Total Encounters and Medicaid Encounters are still visible (shown below), enter the Total Encounters and Medicaid Encounters.

- **Did you include no-cost encounters? Yes** or **No**
  NOTE: This is informational only, and does not affect the patient volume.

- **Include encounters outside WA?** If yes, the form will expand and ask for more information:



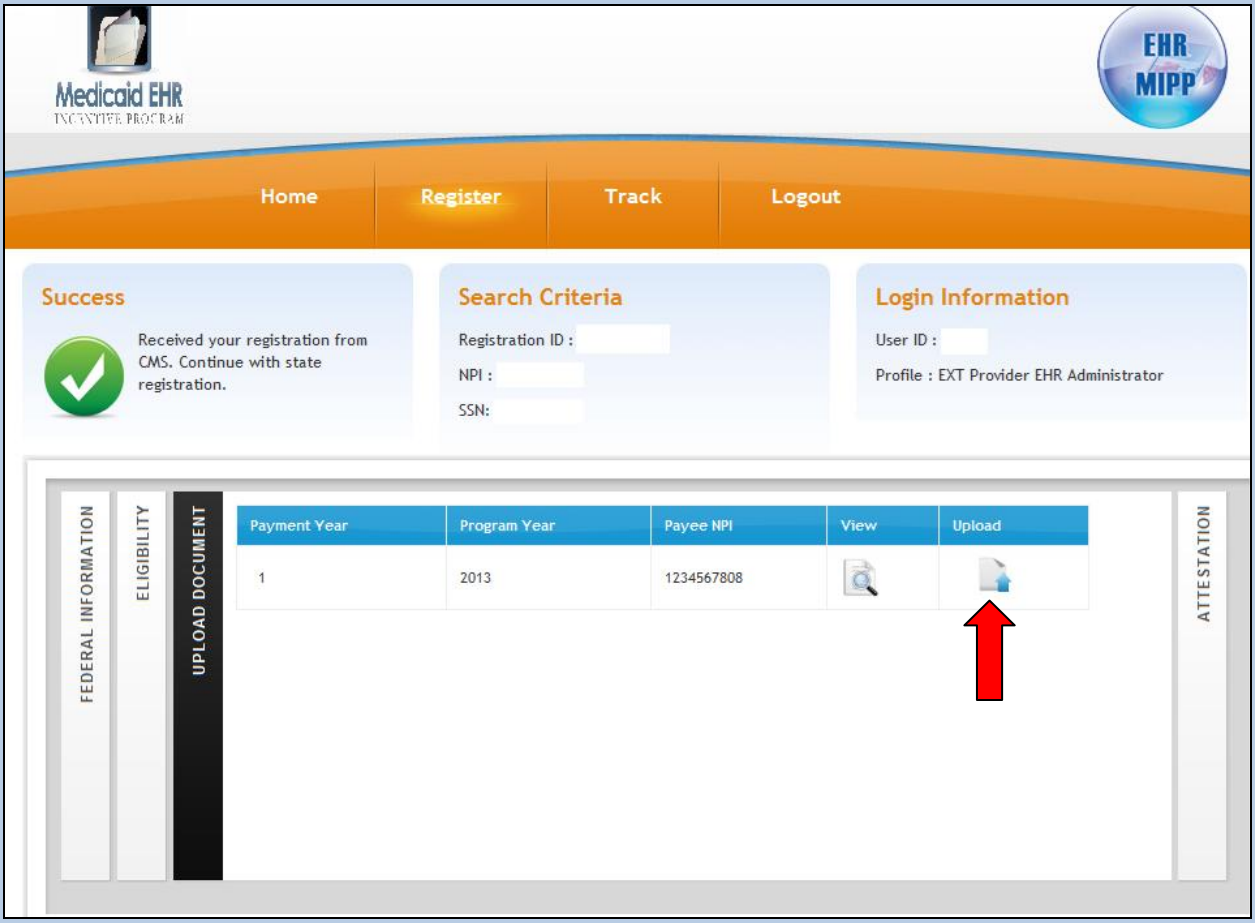
Type in the state(s) where these encounters were provided.

4) <u>EHR CERTIFICATION INFORMATION:</u>

- EHR Investment Type? Choose Adopt, Implement or Upgrade
- EHR Certification Number? This will populate from the CMS Registration information you entered. You must update it, if needed, in the CMS registration.

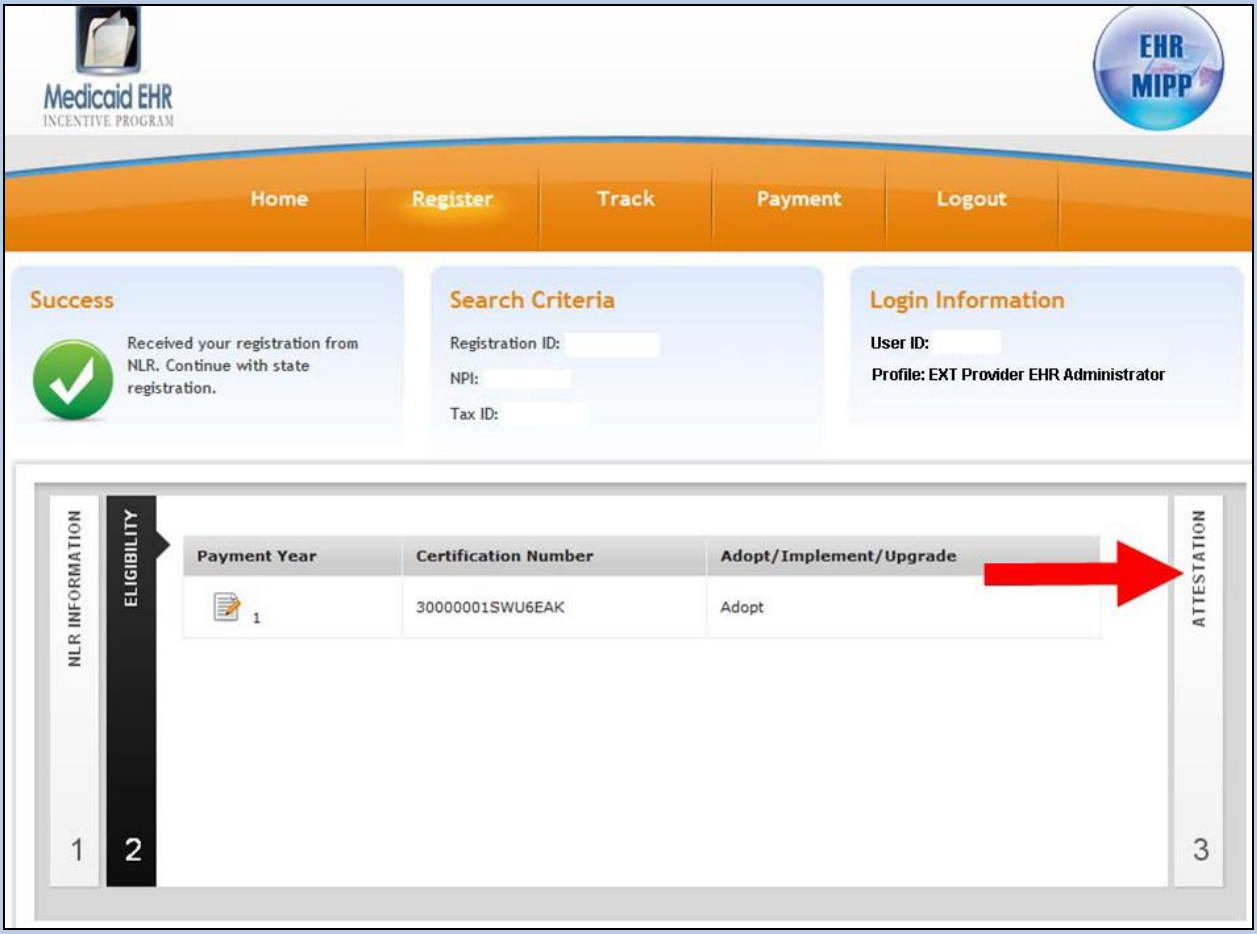
CLICK ON THE SAVE BUTTON WHEN COMPLETED.

UPLOAD DOCUMENT TAB:

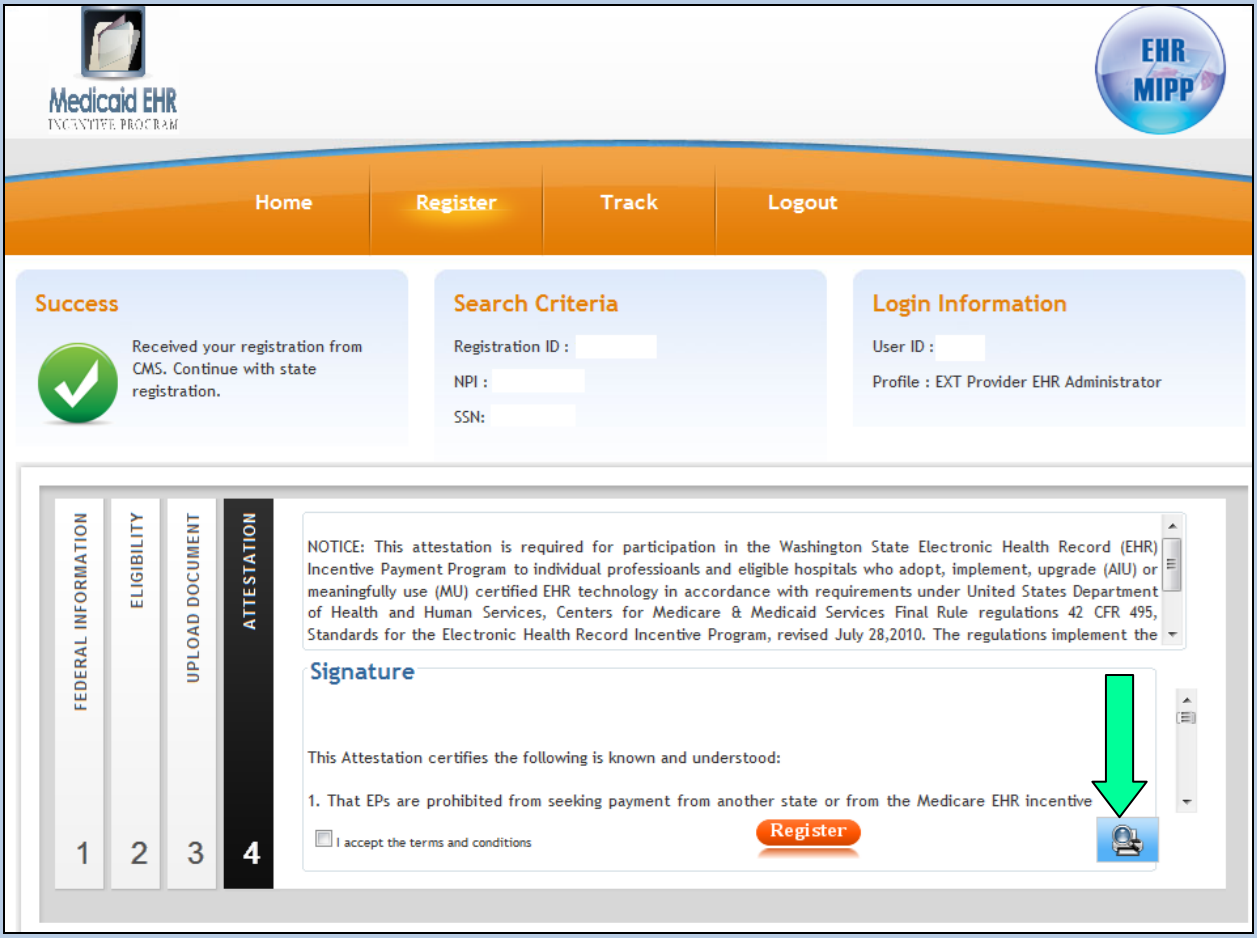


- Click on UPLOAD Icon
- Select the document from your files to upload

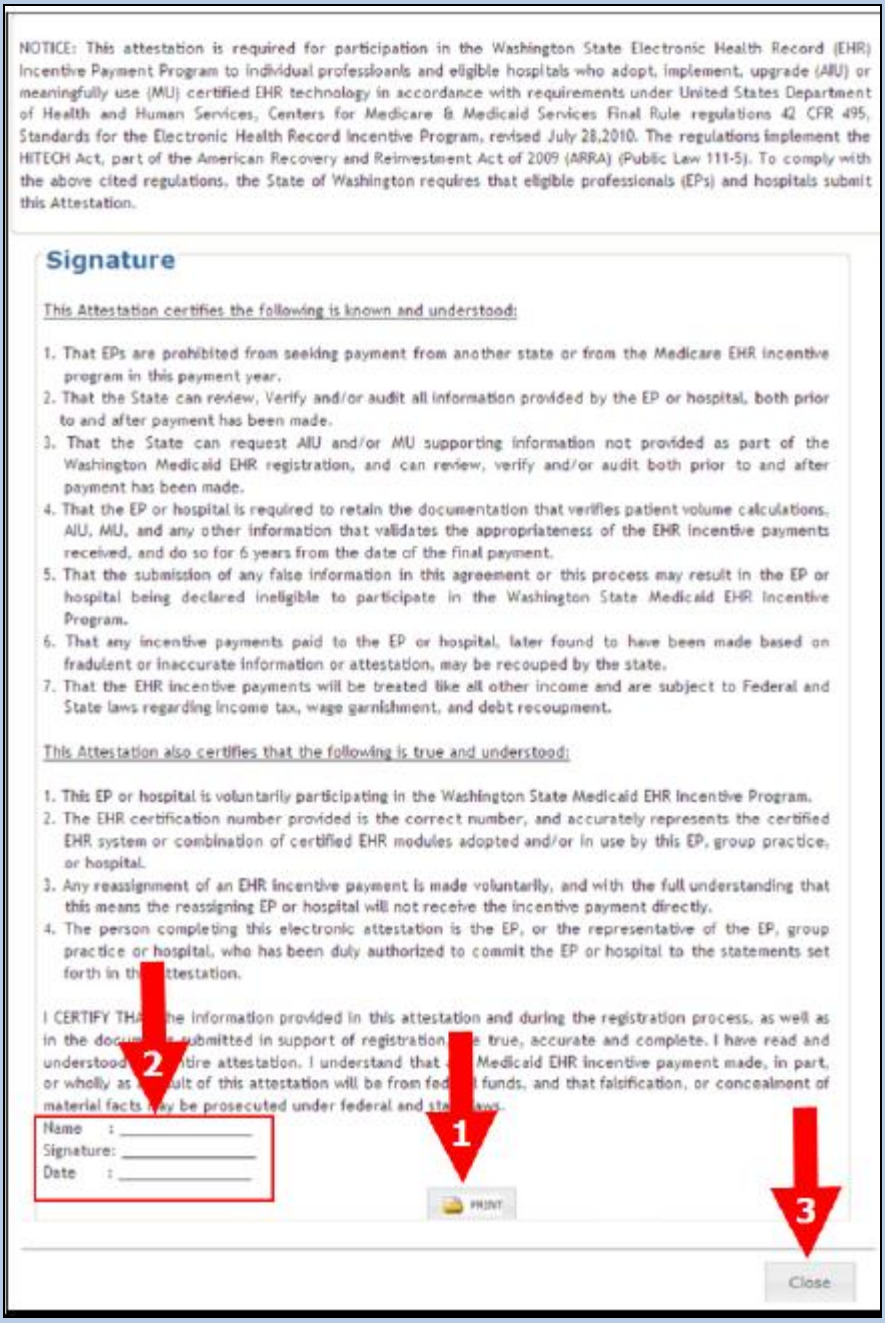
ATTESTATION TAB:



By clicking on the Print Preview button (Green arrow points to the print preview button), you can read the Attestation document in a larger window. Print a copy of this Attestation for each Eligible Professional to sign and date for your records. Hit the "close" button to return to the application page.



VIEW OF ATTESTATION DOCUMENT:



NOTICE: This attestation is required for participation in the Washington State Electronic Health Record (EHR) Incentive Payment Program to individual professionals and eligible hospitals who adopt, implement, upgrade (AIU) or meaningfully use (MU) certified EHR technology in accordance with requirements under United States Department of Health and Human Services, Centers for Medicare & Medicaid Services Final Rule regulations 42 CFR 495, Standards for the Electronic Health Record Incentive Program, revised July 28,2010. The regulations implement the HITECH Act, part of the American Recovery and Reinvestment Act of 2009 (ARRA) (Public Law 111-5). To comply with the above cited regulations, the State of Washington requires that eligible professionals (EPs) and hospitals submit this Attestation.

Signature

This Attestation certifies the following is known and understood:

1. That EPs are prohibited from seeking payment from another state or from the Medicare EHR incentive program in this payment year.
2. That the State can review, Verify and/or audit all information provided by the EP or hospital, both prior to and after payment has been made.
3. That the State can request AIU and/or MU supporting information not provided as part of the Washington Medicaid EHR registration, and can review, verify and/or audit both prior to and after payment has been made.
4. That the EP or hospital is required to retain the documentation that verifies patient volume calculations, AIU, MU, and any other information that validates the appropriateness of the EHR incentive payments received, and do so for 6 years from the date of the final payment.
5. That the submission of any false information in this agreement or this process may result in the EP or hospital being declared ineligible to participate in the Washington State Medicaid EHR Incentive Program.
6. That any incentive payments paid to the EP or hospital, later found to have been made based on fradulent or inaccurate information or attestation, may be recouped by the state.
7. That the EHR incentive payments will be treated like all other income and are subject to Federal and State laws regarding income tax, wage garnishment, and debt recoupment.

This Attestation also certifies that the following is true and understood:

1. This EP or hospital is voluntarily participating in the Washington State Medicaid EHR Incentive Program.
2. The EHR certification number provided is the correct number, and accurately represents the certified EHR system or combination of certified EHR modules adopted and/or in use by this EP, group practice, or hospital.
3. Any reassignment of an EHR incentive payment is made voluntarily, and with the full understanding that this means the reassigning EP or hospital will not receive the incentive payment directly.
4. The person completing this electronic attestation is the EP, or the representative of the EP, group practice or hospital, who has been duly authorized to commit the EP or hospital to the statements set forth in th ttestation.

I CERTIFY THA he information provided in this attestation and during the registration process, as well as in the docu submitted in support of registration e true, accurate and complete. I have read and understood tire attestation. I understand that Medicaid EHR incentive payment made, in part, or wholly as ult of this attestation will be from fed funds, and that falsification, or concealment of material facts ay be prosecuted under federal and st laws.

Name :
Signature:
Date :

PRINT

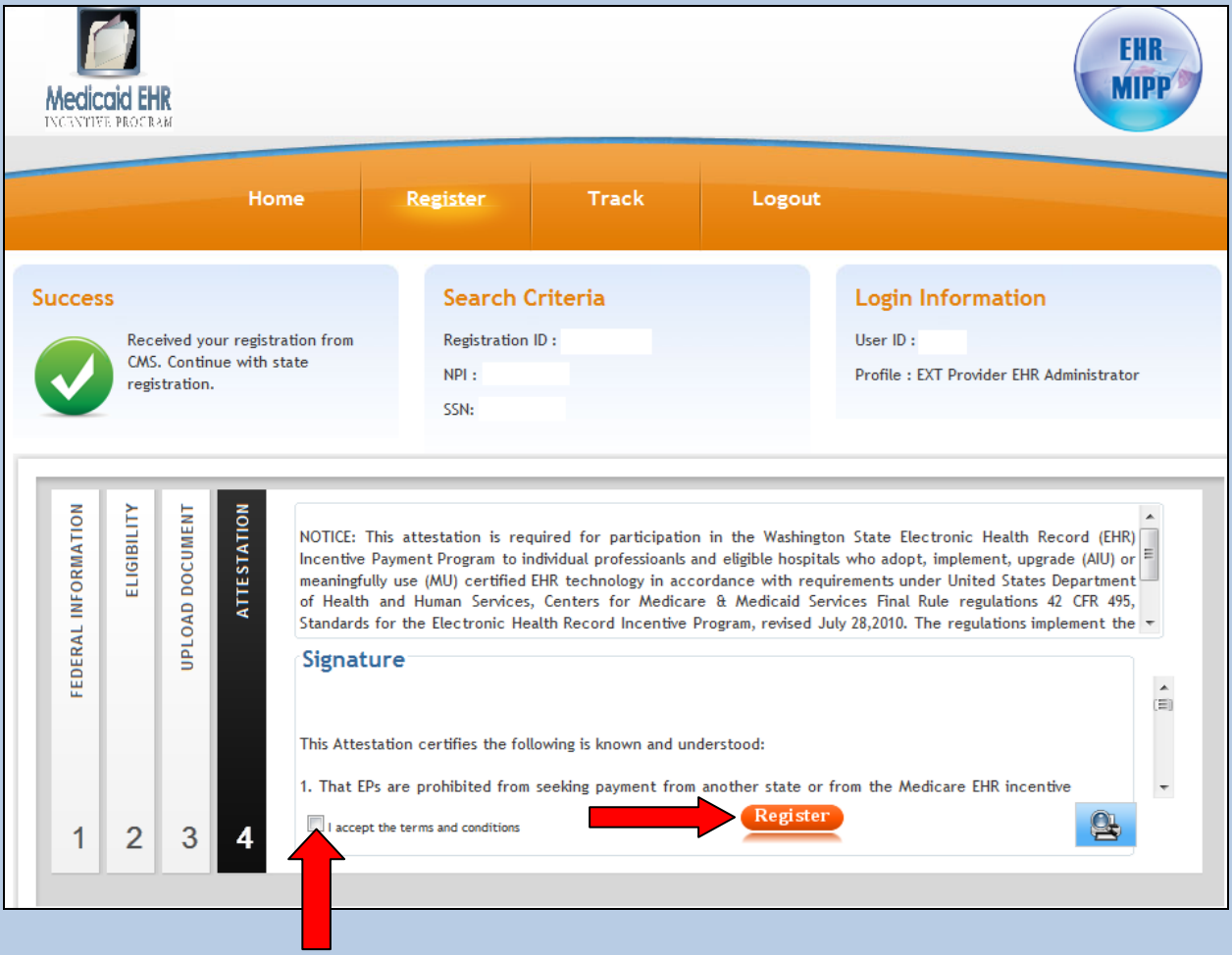
Close

1

2

3

Attest and Submit:

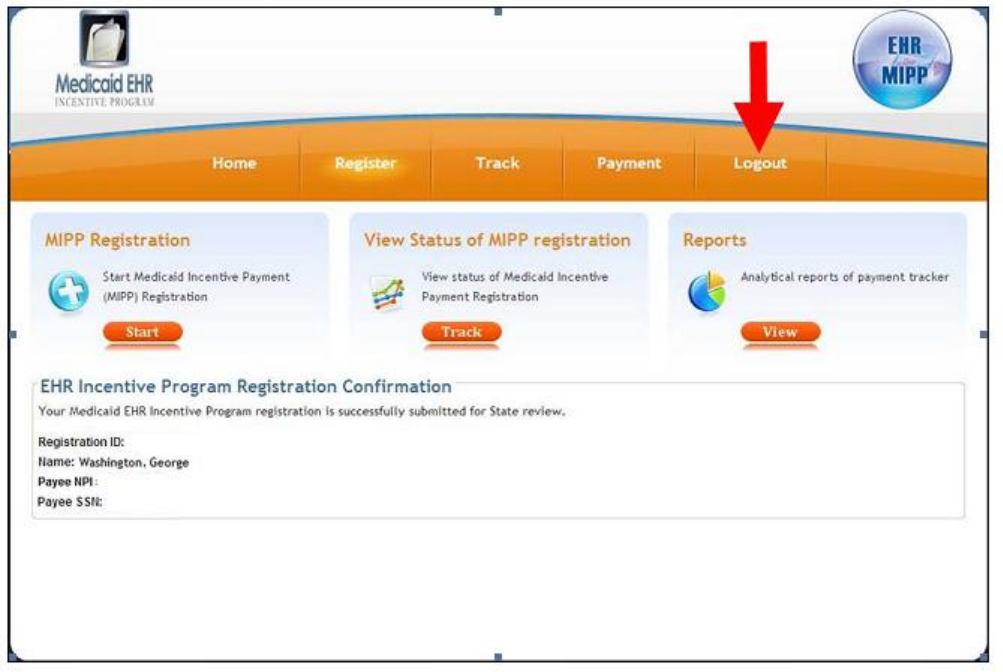


- Click on 'I ACCEPT THE TERMS AND CONDITIONS'
- Click on "REGISTER" button
- Click the OK button on the pop-up box:

View your confirmation page.

You will receive an automated email from the Washington State EHR Incentive Program

When you are finished you can Log Out of eMIPP or continue with a ***new*** application:



Glossary

AIU DOCUMENTATION: Documents showing a business connection with your EHR system. Documents might include an invoice, proof of payment or signed contract. We request 2 of the 3. It is helpful to upload a copy of your ONC Certification as well. If your system has not changed from the first payment year, we may not need more documents. We will contact you if more information is needed. If you are attesting for a group and don't want to upload AIU documents in each application. You may use the Documentation Fax Coversheet with the ORGANIZATION or PAYEE NPI. If you are submitting information for the individual applicant, please Upload the document.

CHARITY CARE IN FQHC/RHC: Per CMS, Charity Care is defined as" part of uncompensated and indigent care. Uncompensated care does not include courtesy allowances or discounts given to patients." *[CMS Final Rule, p.144].* Charity care is defined as an inability of a patient to pay for medical care. In comparison, bad debt is an unwillingness of a patient to pay for medical care.

FQHC/RHC: Federally Qualified Healthcare Center/ Rural Healthcare Clinic. When you are applying as a FQHC/RHC and you qualify by using the Medicaid Encounters only, it is "optional" to fill out the other encounter criteria (CHIP, Charity Care or Sliding Fee Scale). CHIP, sliding scale, free care only count toward threshold is working in RHC or FQHC.

NEEDY PATIENT VOLUME: When a FQHC/RHC must include encounters from Charity, Sliding Fee and CHIP to reach the 30% patient volume.

NO COST ENCOUNTERS: Encounters that were not paid (denied or zero-pay) for active Medicaid clients. Denials for no "Medicaid Eligibility" are not to be included. It is optional to use these encounters.

ONC NUMBER/CERTIFICATION: A list of certified EHR systems is available through the Office of the National Coordinator for Health Information Technology at: http://oncchpl.force.com/ehrcert

ORGANIZATION NPI: A valid NPI you use in the Eligibility Tab in order to use Group Proxy.

PA-LEAD CLINIC: To be eligible for WA State Medicaid EHR Incentive Program Physician Assistants (PAs) need to have at least 50% of encounters over 6-month period in the prior calendar years in FQHC/RHC setting. Also, PAs should provide verification of either working in PA-led setting or be the Primary Provider (or RHC owner). WA State will accept a signed and dated letter from clinic's Medical Director for the purposes of verification of PA-lead requirement.

PEDIATRICIAN DEFINITION: Washington state defines a "pediatrician" as: A "pediatrician" is an MD, ARNP, or PA (IF they practice in a FQHC or RHC that is led by a PA) who is either (1) board certified in pediatrics, (2) completed a pediatric residency, or (3) maintained a predominantly pediatric caseload in the 90-day period specified by the EP for purposes of calculating patient volume. This definition includes pediatric specialties like pediatric ophthalmology and pediatric cardiology.

PRACTICE PREDOMINANTLY (IN FQHC/RHC): Over a 6-month period, in the previous calendar year or the previous 12 months. The EP practiced more than 50% of the time in any FQHC/RHC.

REPORTING PERIODS:

Eligibility Tab: A 90-day period in either the "previous calendar year" or the "previous 12-months"

Meaningful Use Tab: For Stage 1, Year 1 and ALL attestations in 2014 (regardless of stage), a 90-day period in the "current calendar" year. For all subsequent Stages beyond 2014, use 365 days.

UNIQUE PATIENT (Meaningful Use Tab): If a patient is seen by an Eligible Professional more than once during the EHR reporting period, then for purposes of measurment that patient is only counted once in the denominator for the measure. All the measures relying on the term "unique patient" relate to what is contained in the patients medical record. Not all of this informaiton will need to be updated or even be needed by the provider at every

patient encounter. This is especially true for patients whose ecnounter frequency is such that they would see the same provider multiple times in the same EHR reporting period. If you are practicing at multiple locaitons, please verify that unique patients are only counted once.

Helpful Hints

ENROLLMENT YEARS (STAGES):

AIU (not considered a "stage," since it can be skipped and is only through Medicaid).

STAGE 1 is comprised of 2 years (STAGE 1, YEAR 1 AND STAGE 1, YEAR 2)

STAGE 2 does not start with Washington Medicaid until 2014. You must have 90-days of Meaningful Use data in 2014 before you can attest.

WHEN TO APPLY FOR THE NEXT PAYMENT YEAR: CMS drives the timing. When they determine it is time for you to apply for the next year they send an interface to us that updates your status in eMIPP. We then generate an email to the contact on the application letting them know it is time to apply. One more reason to keep your contact information updated at CMS.

90-DAY ATTESTATION DEADLINE: You have 90 days from the receipt of the letter to attest for WA State Medicaid EHR Incentive Program in state EHR Module (eMIPP). If you are beyond that 90-days, go back to your CMS Registration, make any necessary changes and re-submit. This will start the 90-days over. Wait at least 24 hours before you attest in eMIPP.

LOG ON ISSUES (Password/User ID/Missing Profile): Contact Security at: provideronesecurity@hca.wa.gov

ERROR CODES IN EMIPP: If you are getting odd errors or no response when you enter the Registration ID, use the "compatability mode:" http://windows.microsoft.com/en-US/windows7/How-to-use-Compatibility-View-in-Internet-Explorer-9. If it does not fix the issue, let us know. Also, make sure you are using a PC (not a MAC) and Explorer (not another browser). Make sure your POP-UP BLOCKERS are OFF.

TRACK v. START: After you enter the Registration number, click on the orange **START** button. The TRACK button is only for checking status.

FEDERAL INFORMATION TAB: Information comes from CMS, so changes/updates have to be made there. Make sure the contact information is current/correct. This is who we contact if there are questions and who the automated emails go to. The Payee NPI and Tax ID. The tax liability goes to the Payee NPI and cannot be changed once payment has been issued.

ENROLLMENT TAB: Eligibility dates can be in the previous calendar year or the previous 12-months. If you use an Organization NPI and are using Group Proxy, that entire "group" must attest the same way. If you apply as individuals, that entire group must apply in that same way. You may "create" different group in your organization by location, specialty; etc, as long as it is a "logical" group.

MEANINGFUL USE TAB: Please watch the exclusions, there are different instructions for some of them. Some you will enter a "0" in the denominator others you answer YES/NO.

MENTAL HEALTH CLINIC THAT ONLY BILLS THROUGHT THE RSN: Medicaid will accept a letter from the clinic, on letter-head, that confirms that the EP bills their encounters to the RSN.

CLAIMS BILLED THROUGH ANOTHER'S NPI: To be eligible for WA State Medicaid EHR Incentive program, an EP's Medicaid claim(s) have to be verifiable through the ProviderOne system (except for RSN and Take Charge only providers). If you do not bill WA State Medicaid with you own NPI or not enrolled in ProviderOne as a provider, please contact Provider Enrollment Services at: http://hrsa.dshs.wa.gov/ProviderEnroll/enroll.shtml#provider Phone: 1-800-562-3022 (Ext. 16137)

CMS CONTACTS:

CMS EHR CONTACT: 1-888-734-6433 (Option 1)

CMS SECURITY CONTACT: 1-866-484-8049 (Option 3)

CMS launched the eHealth webinar series to educate eligible professionals (EPs) about the eHealth programs and resources available. The PowerPoint presentations and recordings from past webinars can now be accessed on the Resources page of the **eHealth website**.

The following webinar resources are available:

- Intro to the EHR Incentive Programs for EPs: Basic Eligibility and Payment Information, Review of Key Deadlines (July 2, 2013)
  - **PowerPoint Presentation**
  - **Webinar Recording**
- EHR Incentive Programs: Stage 2 Overview, Audits, and Payment Adjustments (June 20, 2013)
  - **PowerPoint Presentation**
  - **Webinar Recording**
- Advancing Interoperability through Meaningful Use: A Refresher Course (June 6, 2013)
  - **PowerPoint Presentation**
  - **Webinar Recording**